



725 Summer Street NE, Suite B  
Salem, OR 97301  
Email: Landlord.Guarantee@Oregon.gov

File Number: \_\_\_\_\_

### Housing Choice Landlord Guarantee Program Application

This form is for HUD Housing Choice Voucher Program, Section 8 landlords seeking reimbursement for unpaid rent and damages incurred by past Housing Choice voucher tenants. The following information is required to be submitted to Oregon Housing and Community Services.

**Please note:** Applications are for reimbursement. Claims are limited to amounts in excess of \$500 and less than \$5,000. A court judgment is required for all claimed amounts and must be attached.

**Landlord/Payee:**

Name listed on court judgment: \_\_\_\_\_  
Mailing or Contact Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Court Judgment Information:**

Entered Date \_\_\_\_\_ County: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Amount: \_\_\_\_\_  
Small Claims Court  Yes  No  
Default Judgment  Yes  No  
Has the debt been assigned to a collection agency?  Yes  No

**Reimbursement Request:**

**Amount**

Unpaid Rent \_\_\_\_\_  
Vacancy Loss \_\_\_\_\_  
Lease Violation Fees \_\_\_\_\_  
Late Fees \_\_\_\_\_  
Property Damages \_\_\_\_\_  
Court Costs & Fees \_\_\_\_\_  
Total Judgment Amount \_\_\_\_\_  
Minus other payments to landlord after judgment, if any. \_\_\_\_\_  
Total Reimbursement Request (not to exceed \$5,000) \_\_\_\_\_

A negative amount here

**Tenant Information:**

Tenant Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Address where damages occurred: \_\_\_\_\_  
Date of Move-Out: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate Contact for Tenant: \_\_\_\_\_

**Housing Authority Information:**

Housing Authority Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Required Attachments:**

- Court certified copy of the judgment and money award. This court document identifies the “Plaintiff” (Landlord) presenting the claim, the “Defendant” (Tenant), and the total amount awarded by the judgment. It is signed by the judge. (Note: this is not the same as a Forcible Entry Detainer (FED) or eviction judgment);
- Final security accounting containing an itemization of damages, unpaid rent, and vacancy loss
- Housing Choice Voucher Contract Part A and Housing Authority termination notice or alternative proof of Housing Choice participation that identifies lease term, the landlord, tenant, and the participating housing authority
- Completed W-9 showing the individual/company payee

**Legal Certification:**

The landlord (or property manager) attests by signing this document that all entries including all attachment entries are true and correct. Landlord will report within 10 days any payment on the judgment received after submission of this application for reimbursement and/or after reimbursement is received. The landlord also attests that no appeal of judgment has been filed or received related to this application for payment. Information provided in this application may be subject to public disclosure in accordance with ORS 192.

Landlord agrees to file a full or partial (as the case may be) satisfaction of judgment in the amount of the reimbursement with the court which issued the judgment within **30** days of payment from the guarantee program or any source. Landlord also agrees to send a copy of the filed satisfaction of judgment, within **10** days of filing, to the Landlord Guarantee Program Analyst at the address found at the top of this form.

\_\_\_\_\_  
 Signature Printed Name Date

**For OHCS Office Use Only**

Date Received: _____	Date Approved / Denied: _____
Date of PHA Contact: _____	Date of Payment to Landlord: _____
Date of PHA Verification : _____	Reimbursement Payment: \$ _____
Date Sent to Manager: _____	9% Interest Calculation: \$ _____
Date Sent to Fiscal: _____	Final Payment to Landlord \$ _____